

MAY.30'2002 15:26

Law Offices

**HOLLAND & KNIGHT LLP**

One Atlantic Center  
1201 West Peachtree Street, N.E.  
Suite 2000  
Atlanta, Georgia 30309-3400

404-817-8500  
FAX 404-881-0470  
http://www.hklaw.com

**FAX RECEIVED**  
**MAY 31 2002**  
**GROUP 1600**

Atlanta  
Boston  
Bradenton  
Chicago  
Fort Lauderdale  
Jacksonville  
Lakeland  
Los Angeles  
Melbourne  
Miami  
New York

International Offices:  
Caracas  
Helsinki  
Mexico City  
Rio de Janeiro

#3726 P.001

Northern Virginia  
Orlando  
Providence  
San Antonio  
San Francisco  
Seattle  
St. Petersburg  
Tallahassee  
Tampa  
Washington, D.C.  
West Palm Beach

São Paulo  
Tel Aviv  
Tokyo

Representative Office:

**FACSIMILE****OFFICIAL**

<b>TO:</b>	Assistant Commissioner for Patents	703-305-3014
Group 1600 - Examiner G. Ewoldt		
NAME	COMPANY/FIRM	FAX NUMBER
Washington	DC	703-308-9805
CITY	STATE	(TELEPHONE NUMBER)

<b>FROM:</b>	404-817-8473	20
Patrea L. Pabst		
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)

<b>FOR THE RECORD:</b>			
DATE: May 30, 2002	URGENCY: <input type="checkbox"/> SUPER RUSH	<input type="checkbox"/> RUSH	<input type="checkbox"/> REGULAR
FAXED BY:	FILE #: 078230/00002	CLIENT NAME: RPMS 102	
CONFIRMED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME:	TIME:	

If you did not receive all of  
the pages or find that they  
are illegible, please call  
(404) 817-8500

**CONFIDENTIALITY NOTICE:** This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained in or attached to this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by facsimile or by telephone collect at the numbers stated above, and destroy the original facsimile and its attachments without reading, printing, or saving in any manner. Your cooperation is appreciated. Thank you.

**MESSAGE:**

Applicant: Hans Josef Stauss

Serial No.: 09/101,413

Art Unit: 1644

Filed: August 7, 1998

Examiner: G. Ewoldt

For: "IMMUNOTHERAPY USING CYTOTOXIC T LYMPHOCYTES"

FAX RECEIVED

OFFICIAL

MAY 31 2002

Please type a plus sign (+) inside this box → ☒

Approved for filing on 10/31/2002, OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/101,413
	Filing Date	August 7, 1998
	First Named Inventor	Hans Josef Stauss
	Group Art Unit	1644
	Examiner Name	G. Ewoldt
Total Number of Pages in This Submission	Attorney Docket Number	RPMS 102

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Patrea L. Pabst, Reg. No. 31,284	Holland & Knight LLP
Signature	Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E., Atlanta, GA 30309-3400	
Date	May 30, 2002	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: \_\_\_\_\_

Typed or printed name	SEE CERTIFICATE OF FACSIMILE TRANSMISSION		
Signature		Date	


Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

U.S.S.N. 09/101,413  
Filed August 7, 1998  
AMENDMENT AND RESPONSE TO OFFICE ACTION

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that the enclosed Amendment and Response to Office Action and all documents shown as being attached is being facsimile transmitted to the U. S. Patent and Trademark Office on the date shown below.

Date: May 30, 2002

  
\_\_\_\_\_  
Jean Hicks

ATL1 #527089 v1